



Physician & Ancillary RBP Plan Structure
2023 PRODUCT INFORMATION

| | \$500/\$1,000 TITANIUM | \$1,000/\$2,000 DIAMOND | \$1,500/\$3,000 PLATINUM | \$2,500/\$5,000 GOLD | \$2,500/\$5,000 HSA | \$3,500/\$7,000 SILVER | \$3,500/\$7,000 HSA | \$5,000/\$10,000 BRONZE | \$5,000/\$10,000 HSA | \$7,350/\$14,700 COPPER |
|---|--|--|--|--|--|--|--|--|--|---|
| PHYSICIAN SERVICES: PERFORMED AND BILLED IN OFFICE | | | | | | | | | | |
| Contracted Physician: Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner) | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable |
| Non-Contracted Physician: Primary Care Physician Office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA) (Includes Family practice, General Practitioner, Internist, Pediatrician, OB/GYN, Physician Assistant, or Nurse Practitioner) | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable |
| Contracted Physician: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis) | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 80%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 80%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 80%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable |
| Non-Contracted Physician: Specialist office visits (Includes all services billed and performed by the physician except surgery, anesthesia, MRI/CT/PET/ SPECT/MRA, chemotherapy, radiation, and dialysis) | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 60%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER Non-Certified Providers DEDUCTIBLE, Subject to Plan Allowable |
| OUTPATIENT SERVICES WHEN PERFORMED AND BILLED IN AN OUTPATIENT FACILITY | | | | | | | | | | |
| DIAGNOSTIC TESTING LAB, X-RAY | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER DEDUCTIBLE, Subject to Plan Allowable |
| COMPLEX DIAGNOSTIC SERVICES CT Scan, MRI, Ultra Sound, PET & Nuclear Medicine | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER DEDUCTIBLE, Subject to Plan Allowable |
| SURGICAL SERVICES Procedures & Anesthesia | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER DEDUCTIBLE, Subject to Plan Allowable |
| EMERGENCY / URGENT CARE | | | | | | | | | | |
| URGENT CARE IN AN URGENT CARE FACILITY | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable | 100%, AFTER COPAY, Subject to Plan Allowable |
| EMERGENCY ROOM SERVICES | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER DEDUCTIBLE, Subject to Plan Allowable |
| EMERGENCY AMBULANCE SERVICES Ground / Air Ambulance | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER DEDUCTIBLE, Subject to Plan Allowable |
| INPATIENT HOSPITAL SERVICES | | | | | | | | | | |
| ROOM AND BOARD Paid at the Facility's Semi-Private room rate | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER DEDUCTIBLE, Subject to Plan Allowable |
| INTENSIVE CARE UNIT Paid at the Facility's Semi-Private room rate | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER DEDUCTIBLE, Subject to Plan Allowable |
| MATERNITY SERVICES: | | | | | | | | | | |
| ROOM AND BOARD - Limited to semi-private room rate. Dependent daughter pregnancy is not covered. | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 80%, AFTER DEDUCTIBLE, Subject to Plan Allowable | 100%, AFTER DEDUCTIBLE, Subject to Plan Allowable |



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|--|---|---|---|---|--|---|--|---|--|--|
| THERAPIES | | | | | | | | | | |
| PHYSICAL & OCCUPATIONAL THERAPIES Limited to 20 visits combined per benefit period | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> |
| SPEECH THERAPY Limited to 20 visits per benefit period | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> |
| CARDIAC REHABILITATION THERAPY Limited to 36 visits per therapy, per benefit period | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> |
| CHIROPRACTIC SERVICES/SPINAL MANIPULATION Limited to 20 visits per benefit period | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> | 80%, AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER COPAYMENT, <i>Subject to Plan Allowable</i> |
| MENTAL HEALTH CARE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT) | | | | | | | | | | |
| INPATIENT/PARTIAL HOSPITALIZATION MENTAL HEALTHCARE SERVICES Paid at the facility's semi-private room rate | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| OUTPATIENT MENTAL HEALTHCARE SERVICES | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| SUBSTANCE ABUSE SERVICES: SUBJECT TO GROUP SIZE AND REGULATORY REQUIREMENTS (SEE PLAN DOCUMENT FOR DETAILS) | | | | | | | | | | |
| SUBSTANCE ABUSE REHABILITATION-INPATIENT Paid at the facility's semi-private room rate | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| SUBSTANCE ABUSE REHABILITATION-OUTPATIENT | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| OTHER SERVICES | | | | | | | | | | |
| HOME HEALTH CARE 60 visits per benefit period | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| HOSPICE CARE Residential / Facility | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| SKILLED NURSING CARE Paid at facility's semi-private room rate and limited to 60 days per benefit period maximum | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| DURABLE MEDICAL EQUIPMENT (DME): Limited to 12 month rental or purchase price, whichever is less | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| PROSTHETICS AND ORTHOTIC DEVICES Max amount of \$5,500 per member/per plan year | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |
| ALL OTHER COVERED CHARGES | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 80% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> | 100% AFTER DEDUCTIBLE, <i>Subject to Plan Allowable</i> |



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|---|--|---|---|---|---|---|---|---|---|---|
| RX BENEFIT HIGHLIGHTS | | | | | | | | | | |
| RX COMPANY | Medalist RX | Medalist RX | Medalist RX | Medalist RX | Medalist RX | Medalist RX | Medalist RX | Medalist RX | Medalist RX | APS Formulary |
| PHONE# | 855-633-2579 | 855-633-2579 | 855-633-2579 | 855-633-2579 | 855-633-2579 | 855-633-2579 | 855-633-2579 | 855-633-2579 | 855-633-2579 | 1-800-974-7036 |
| WEBSITE | https://www.medalistrx.com/ | https://www.medalistrx.com/ | https://www.medalistrx.com/ | https://www.medalistrx.com/ | https://www.medalistrx.com/ | https://www.medalistrx.com/ | https://www.medalistrx.com/ | https://www.medalistrx.com/ | https://www.medalistrx.com/ | americaspharmacysource.com |
| RX COPAYMENTS | | | | | | | | | | |
| RETAIL PHARMACY COPAYMENTS (30 DAY SUPPLY) | GENERIC-\$10 COPAYMENT | GENERIC-\$10 COPAYMENT | GENERIC-\$10 COPAYMENT | GENERIC-\$10 COPAYMENT | 20% AFTER DEDUCTIBLE | GENERIC-\$10 COPAYMENT | 20% AFTER DEDUCTIBLE | GENERIC-\$10 COPAYMENT | 20% AFTER DEDUCTIBLE | APS Formulary |
| | BRAND NAME FORMULARY - \$45 COPAYMENT | BRAND NAME FORMULARY - \$45 COPAYMENT | BRAND NAME FORMULARY - \$45 COPAYMENT | BRAND NAME FORMULARY - \$45 COPAYMENT | 20% AFTER DEDUCTIBLE | BRAND NAME FORMULARY - \$45 COPAYMENT | 20% AFTER DEDUCTIBLE | BRAND NAME FORMULARY - \$45 COPAYMENT | 20% AFTER DEDUCTIBLE | |
| | NON-PREFERRED BRAND - \$85 COPAYMENT | NON-PREFERRED BRAND - \$85 COPAYMENT | NON-PREFERRED BRAND - \$85 COPAYMENT | NON-PREFERRED BRAND - \$85 COPAYMENT | 20% AFTER DEDUCTIBLE | NON-PREFERRED BRAND - \$100 COPAYMENT | 20% AFTER DEDUCTIBLE | NON-PREFERRED BRAND - \$100 COPAYMENT | 20% AFTER DEDUCTIBLE | |
| MAIL ORDER OR RETAIL PHARMACY COPAYMENTS (90 DAY SUPPLY) | GENERIC-\$30 COPAYMENT | GENERIC-\$30 COPAYMENT | GENERIC-\$30 COPAYMENT | GENERIC-\$30 COPAYMENT | 20% AFTER DEDUCTIBLE | GENERIC-\$30 COPAYMENT | 20% AFTER DEDUCTIBLE | GENERIC-\$30 COPAYMENT | 20% AFTER DEDUCTIBLE | APS Formulary |
| | BRAND NAME -\$90 COPAYMENT | BRAND NAME -\$90 COPAYMENT | BRAND NAME -\$90 COPAYMENT | BRAND NAME -\$90 COPAYMENT | 20% AFTER DEDUCTIBLE | BRAND NAME -\$90 COPAYMENT | 20% AFTER DEDUCTIBLE | BRAND NAME -\$90 COPAYMENT | 20% AFTER DEDUCTIBLE | |
| | NON-PREFERRED BRAND - \$150 COPAYMENT | NON-PREFERRED BRAND - \$150 COPAYMENT | NON-PREFERRED BRAND - \$150 COPAYMENT | NON-PREFERRED BRAND - \$150 COPAYMENT | 20% AFTER DEDUCTIBLE | NON-PREFERRED BRAND - \$150 COPAYMENT | 20% AFTER DEDUCTIBLE | NON-PREFERRED BRAND - \$150 COPAYMENT | 20% AFTER DEDUCTIBLE | |
| SPECIALTY MEDS | **SPECIALTY MEDICATIONS ARE NOT COVERED BY THE PLAN. MEDICATIONS MAY BE SEPARATELY AVAILABLE THROUGH PHARMACY IMPORTATION PROGRAM (PIP) OR A PATIENT ASSISTANCE PROGRAM (PAP). AMERICA'S CHOICE WILL ASSIST MEMBERS WITH THESE APPLICATIONS. | | | | | | | | | |
| PRECERTIFICATION | | | | | | | | | | |
| Precertification is required for all in-hospital admissions, imaging (CT/PET/MRI/MRA), home health, skilled nursing, hospice, DME (over \$500), chemotherapy/radiation, organ transplants, sleep studies, prosthetics/orthotics, therapies (chiropractic, cardiac, PT/OT/ST), and outpatient surgery. Please refer to the plan document for a complete list of all services that require precertification under your plan. A 50% (up to \$2,500) penalty will apply for not obtaining precertification. | | | | | | | | | | |
| This illustration describes the plan in an easily understood manner and is presented as a matter of general information only. | | | | | | | | | | |
| The contents are not to be accepted or construed as a substitute for the provisions of the plan document or summary plan description, which contains more exact terms and detailed provisions of the plan; and it is not to be considered a policy of insurance. | | | | | | | | | | |